

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

# UNITED STATES DISTRICT COURT

for the

District of

Division

Case No.

8:25CV234

(to be filled in by the Clerk's Office)

Douglas A Rydberg

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

" see attached "

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

FILED  
U.S. DISTRICT COURT  
DISTRICT OF NEBRASKA  
2025 MAR 31 AM 11:17  
OFFICE OF THE CLERK

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Douglas Rydberg  
 All other names by which  
 you have been known: Rev  
 ID Number 217075  
 Current Institution Omaha Correction Center  
 Address 2323 Avenue J  
Omaha Ne 68110  
 City State Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name "Party unidentified" (Pharmacy) Nebraska Department Correction Services  
 Job or Title (*if known*) Pharmacist ? NDCS  
 Shield Number N/A  
 Employer Nebraska Department Correction Services  
 Address 2620 W. Van Dorn st.  
Lincoln Ne 68522  
 City State Zip Code  
☒ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name Dr. Jerry Lee Lovelace JR.  
 Job or Title (*if known*) Director Nebraska Department Correction Service  
 Shield Number N/A  
 Employer Nebraska Department Correction Service  
 Address PO Box 94661  
Lincoln Ne 68509-4661  
 City State Zip Code  
☒ Individual capacity ☒ Official capacity

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## Defendant No. 3

Name Dr Larry Widman  
 Job or Title (if known) MD - Psychiatrist  
 Shield Number N/A  
 Employer Nebraska Department Correction Service  
 Address "Refused to provide" I'm limited in my  
search capabilities  
 City State Zip Code  
☒ Individual capacity ☒ Official capacity

## Defendant No. 4

Name Amanda Smith  
 Job or Title (if known) Telepsych manager - Psychiatrist assistant ?  
 Shield Number N/A  
 Employer Nebraska Department Correction Service  
 Address 2323 Avenue J East  
Omaha Ne 68110  
 City State Zip Code  
☒ Individual capacity ☒ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)  
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

\* Please review attached

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Please review attached

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

NO

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Please refer to attachment

C. What date and approximate time did the events giving rise to your claim(s) occur?

Feb 6<sup>th</sup> 2024 - Present

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

Please see attached.

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I have been diagnosed with F4 liver cirrhosis, they refuse to let me see anyone except a nurse practitioner, no specialists and inadequate tests. RLS syndrome - severe pain and discomfort no treatment,

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

For malpractice - medical neglect - unwillingness to treat and test in a timely manner, not even offering minor relief for symptoms, "1 million dollars" loss of years of wages approximate 20 years, I have small chance to survive a year. Another 250,000<sup>00</sup>\$ for frustration pain and suffering. I want those responsible removed from their role and license suspension, do not allow them to continue to practice medicine, I want NDCS policy changed and 200,000<sup>00</sup>\$ placed in a fund to assist inmates with health related and mental health issues. 250,000<sup>00</sup>\$ for violating my rights and refusing to administer mental health medication.

Plus future liver transplant fee 500,000<sup>00</sup>\$

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Per NDCS Policy Omaha Correction Center

2. What did you claim in your grievance?

Malpractice, neglect, deliberate indifference

3. What was the result, if any?

They side step responsibility, and do not stand up too these responses. I have still not recieved testing, medication, or mental health medication.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

yes I've Exhausted most of my grievances, there are some electronic grievances, past dead line by NDCS officials

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I've asked for a advocate, Im at a disadvantage  
Im overwhelmed with there unwillingness

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.



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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes

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☒ Yes☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Douglas Rydberg

Defendant(s) State South Dakota

2. Court (if federal court, name the district; if state court, name the county and State)

NA

3. Docket or index number

NA

4. Name of Judge assigned to your case

NA

5. Approximate date of filing lawsuit

2016-2018 ?

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition 2018

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

case was dismissed

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 3-26-25

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Douglas Rydberg

Douglas Rydberg

217075

2303 Avenue J. East

Omaha  
City

Ne  
State

68110  
Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

B. Malpractice - if they cause injury by failing "to have and use the knowledge, skill and care ordinarily possessed and employed by members of the profession in good standing, both in diagnosis and treatment,

Medical negligence - The duty of care owed to prisoners is the same as that owed to private patients.

1. Failing to give necessary medication
2. Prescribing inappropriate medication
3. Providing the wrong medication "unwilling to acknowledge mistake"
4. Failing to perform appropriate diagnostic tests
5. Delaying examinations, testing, and treatment

Deliberate indifference - repeated acts malpractice, neglect the longer they refuse to treat me the less chance of survival I have.

Constitutional Right Violations - under eighth amendment prison officials are not meeting my medical needs.

I should fall under Federal Disability Status, Amendments Act of 2008, ADA. I've repeatedly asked for an advocate, none has been provided.

1. mental impairment
2. record of such impairment
3. medication

I'm denied copies of electronic grievances

I'm denied copies to attach to official complaints and lawyers

Mental Health care is subject to the same constitutional standard as other forms of Prison Medical Care, deliberate indifference to serious mental health needs violate the eighth

B.) Psychiatric medication is an essential element of mental health care.

Continuation of mental health medication used prior to incarceration.

Constitutional Right - to confidential psychiatric appointments

Hippa Right Violation's -

Informed Consent Doctrine

Not meeting Policy and procedure dead lines set by NDCS

D.)

Defendant 1.

The individual is yet to be identified. Acting as the pharmacist for the NDCS, clearly administered the wrong medication. I gave the medical department 2 chances to correct before I filed grievance # 2024-1294 " I attached 2 IIR's and grievance "

Defendant 2.

Director of Corrections - Dr Jerry Lee Lovelace Jr. refuses

to allow proper treatment, "neurologists, hepatologist, GI, Pain specialists as well refuses to allow testing, MRI, CT scan, other relevant tests.

I've exhausted the grievance process, # 2024-8965 # 2024-8482

His responses sound good, but they are of no use. I'm still

denied diagnosis and treatment. As well # 2024-8483 on confidential

psychiatrist appointments, his response sounds good, but they <sup>don't</sup> obey

the decision. Dr Lovelace has not followed Policy and procedure

on 4 instances, he has taken over the 20 days allowed to

respond to a 2<sup>nd</sup> Step grievance # 2024-8197 is well past

the dead line, the nature of this grievance is severe, the

D.) the entire time I was being prescribed high mg of ibuprofen, something extremely dangerous for someone with documented "Chronic Care" He did not act as one in his position should. This caused irreversible damage. He explained the danger of ibuprofen of 1-14-25, Dr Lovelace informed me I have F4 stage 4 cirrhosis of the liver, he refuses to even offer a healthy diet or common supplements, the only thing available to treat my condition. I have about 40 electronic grievances, NDCS will not allow copy's "I attached a written response." I wrote on the IFR about specific court copy's and this is the response given "

# 52373094 # 523971011 # 524211811 # 524298161 # 52373094  
# 523285831 # 523293861 # 523301791 # 523582591 # 538967241  
# 535206191 # 536674251 # 537006991 this is only a few

I will need a subpoena to supply copy's to the court. #

As of today I have no relief from his rulings, I must hold him accountable of each complaint. I'm not the only one in harms way of his actions. Hes a factor in my medical and mental health complaints, as well manipulating deadline policy's and other policy and procedure. Denying my treatment is decreasing my chances of survival. I have a 43% chance of surviving a year and 5% to survive a year after. His actions, and neglect have harmed me.

Defendant 3, Dr Larry Widman is my Psychiatrist provided by NDCS, he refuses to prescribe any beneficial medication I've filed grievance # 2024-8482, I offered him the response I've cited law and constitutional rights, his behaviour is



D.) unprofessional, his unwillingness to prescribe medication I've had long term success with is deliberate indifference medical malpractice, and medical neglect. Electronic grievance # 523 285 831. As well # 2025-76

Defendant 4. Registered Nurse Amanda Smith refuses to respect my right to confidentiality. I wrote grievance # Emergency. and # 2024-8483, Even though I ask for private sessions, she refuses. Her unprofessional interference affects my appointments as well as those around me in the institution.

Defendant 5. Dr Robert Cunard

Repeatedly lied to me assuring me I'm on a hep C treatment list, his actions have caused me severe harm, as well he refused to properly treat numerous issues such as Restless leg syndrom, he gave me Propanolol not even a RLS medication just to passify me. He was also responsible for allowing the NP to continue the long term ibuprofen that is so harmful to a unhealthy liver

Defendant 6 Kristal Turpen

She had a part in prescribing the ibuprofen 1600mg that has caused severe and excessive liver damage. Medical malpractice.

Defendant 7 Nurse Practitioner L. BO

Is not qualified to treat someone with overlying health problems, she tried arguing a medication called propixamate is ok for me, but investigation proved by Unit manager David [unclear] not [unclear] know her title is not adequate to

to treat someone with my complications, as well her unprofessional behaviour, and unwillingness to address my specific concerns, could have caused me severe harm. grievance # 53896724 as well other references in evidence are available

#### IV. Statement of Claim

1. Pharmacist Name N/A, <sup>Feb 10<sup>th</sup> 2024</sup> by prescribing or administering the wrong medication especially to someone with overlaying health complications could of caused sever harm or even death. Grievance # 2024-1294
2. Dr Lovelace Jr. His unresponsive action time, has allowed medication wrongly prescribed to begin with, longer to have negative consequences. His refusal to address my health concerns, with easy remedies such as diet and suppliments proper vitaminis as well specialists and proper testing, have decreased my chance of survival. He's the one that broke the news I have Stage 4 liver cirrhosis, and refuses to address, He does not stand up to his own written responses on numerous grievances as well does not meet deadline and policy regulations. # 2024-8965 # 2024-8483 # 2024-8482 # 2024-8197 # 2024-8965 Dr Lovelace even agreed with the ruling of a investigation by Inspector General of Corrections Dary Koebernick that they wrongly prescribed high dose of ibuprofen, but he won't even medically support my health
3. Dr Larry Widman, has repeatedly refused to treat my long term mental illness, I've offered grievance # 2024-8483 he should of allowed a confidential session, being a medical professional he should of known my rights, as well # 2024-482 I made the complaint 10-4-24, as of today 3-26-25



Im still medicated Dr. [redacted] is responsible for  
medical malpractice and violating my rights.

5.) Doctor Robert Cunard, refused numerous times to treat my hep C, he even lied about a waiting list, he broke his professional oath. He allowed large doses of ibuprofen to continue, knowing I was a "Chronic Care" patient. This has caused me irreversible harm. He also prescribed bizarre medication to treat RLS. ?

6.) Kristal Turpin is the N.P on my last ibuprofen pick up prescription. Her prescribing high doses of ibuprofen were harmful and dangerous to a "Chronic Care" patient. Causing me irreversible liver damage.

7.) N.P L. Bo Argued I can take a medication "Propixamate" known to raise liver enzyme levels in healthy patients, this act of malpractice could of caused me severe harm. Her role as Nurse Practitioner is over stepped she is not qualified to treat a patient with underlying health issues, with out proper testing to secure the severity of my liver cirrhosis. <sup>electronic</sup> grievance # 538967241 plus I have more written evidence on her mistake.

8.) There are other individuals involved, I may need to attach later that played roles in my treatment and medical malpractice, such as Deputy Warden Peelman and nurse Trish Davis, as well other medical staff that mishandled my case. Im at a disadvantage I hope to have a legal representative soon.

1. I was given the wrong medication, I made several attempts to allow them to correct, I even spoke directly to Unit Manager Nicholas, before I filed grievance 2024-1294

2. They Dr Conard and other medical staff refused to treat a long term case of hep C, I showed numerous symptoms all over looked and thru grievance # 2024-8197 I forced treatment, by then I had F4 liver cirrhosis unrepairable, severe and excessive damages, they Dr Lovelace failed to correct immediately allowing me to take the ibuprofen longer. Dr Conard has been indicted by a grand jury and lost his job, Dr Lovelace refuses to treat or properly handle my situation, I'm only allowed to see Nurse practitioners, no specialists, they are unqualified and even causing me negative consequences such as Nurse L. Bo and her prescribing a medication that could of caused more harm.

3. Amanda Smith - refuses to acknowledge my privacy rights and is violating constitutional and hippa laws

4. Trish Davis keeps telling me to take Tylenol and aspirin for head aches, something harmful to a F4 cirrhosis patient.

5. Dr Widman refuses to acknowledge hippa and privacy rights, as well refuses to medicate me. His behaviour and unwillingness is not the way a private practice MD should act.

Name Dr Robert Conard

Job or Title Medical Doctor

Shield Number N/A

Employer "at time of complaint" Nebraska Department Correction Service

Address N/A Im limited to search capability's  
☒ individual ☒ official Capacity

Defendant No. 6

Name Kristal Turpen

Job or Title Nurse Practitioner

Shield Number N/A

Employer N/A Im limited in my search capability  
at time of complaint Nebraska Department Correction Service

Address N/A Im limited in my search capability's  
☒ individual ☒ official Capacity

Defendant No. 7

Name L. BO

Job or Title Nurse practitioner

Shield Number N/A

Employer Nebraska Department Correction Service

Address 23 23 Avenue J East

Omaha Ne 68110

☒ individual ☒ official capacity

Defendant No 8..

I ask the right to add defendants in the future as evidence is uncovered, Im recieving no cooperation by NDCS, Ill need the courts power to subpoena records and hold the other party's accountable at a later time. With out assistance of a professional, Im at a severe disadvantage.

# NEBRASKA

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DEPT OF CORRECTIONAL SERVICES



Jim Pillen, Governor

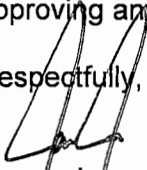
DATE: January 3, 2025  
TO: Douglas Rydberg 217075  
FROM: Warden James Jansen, ( CC  
RE: Letter 12.30.2024

J2D 19L

Mr. Rydberg,

I am in receipt of your letter dated December 30, 2024, received at the Omaha Correctional Center (OCC). Without specifics of what Medical is doing/not doing, I cannot assist. Feel free to write to Dr. Lovelace at central office. I will look into the Bible Gateway app on the tablets. I will not be approving any murals at OCC. We cannot have specific holiday parties for work areas.

Respectfully,

  
James Jansen, Warden  
Omaha Correctional Center

Rob Jeffreys, Director  
Department of Correctional Services

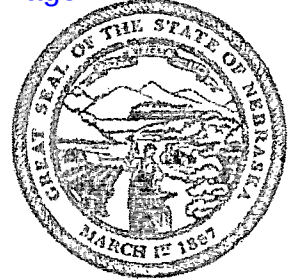
OMAHA CORRECTIONAL CENTER  
2323 East Avenue J Omaha, NE 68110-0099  
Phone: 402-595-3964 Fax: 402-595-2227

[corrections.nebraska.gov](http://corrections.nebraska.gov)

# NEBRASKA

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DEPT OF CORRECTIONAL SERVICES



Jim Pillen, Governor

Date: February 28, 2025

To: Douglas Rydberg #217075

J2D19L

From: Carrie David, Unit Manager, OCC

Subject: Follow-Up with Request

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Mr. Rydberg,

I did some research on your request on whether your electronically submitted grievances could be printed for your records. Unfortunately, at this time there is not a process in place to be able to accommodate this. Your submissions should still be available for you to reference, even after they have been closed. However, I encourage you to connect with our Housing Unit representatives (Gonzales and Chamblin) to possibly address your concerns at the next Town Hall meeting!

Rob Jeffreys, Director  
Department of Correctional Services

OMAHA CORRECTIONAL CENTER  
2323 East Avenue J Omaha, NE 68110-0099  
Phone: 402-595-3964 Fax: 402-595-2227

[corrections.nebraska.gov](http://corrections.nebraska.gov)

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## INMATE INTERVIEW REQUEST

JAN 17 2025

TO: Medical

DATE: 1-17-25

FROM: Douglas Rydberg

NAME / NUMBER

BY: 1075

FACILITY

J2 D 19 L

LOCATION

WORK LOCATION: Maintenance

UNIT STAFF: Latka

MESSAGE: I need medical attention, I'm having headaches and nausea, lethargic, now that I'm not suppose to take ibuprofen, the main med I took I need to see a specialist.

I also need a professional's advice on daily eating, do's and don't's, you allowed my liver to reach stage 4 cirrhosis and I'm told the only thing that helps is diet, I have no confidence in medical a outside specialist please.

Time is important, stop waiting 2 or 3 weeks, even months between answering my IIR and setting appointments.

Please send the copy of this back immediately.  
ORIGINAL - DCS Employee  
YELLOW - Inmate  
Both copies need to be submitted for response.

Douglas Rydberg  
Signature

REPLY:

Your request has been sent to the medical director.

1/17/25

Date

P. J. Daneman  
Signature

DCS-A-ADM-013 (rev. 1/2017)

Dr. Lovelace Response: It generally takes decades to reach Cirrhosis or F4. As you entered NDCS in August 2023 your disease process had likely been progressing years prior to your incarceration. You are currently being treated to cure your HepC. However, the cirrhosis will need to be monitored and may not progress provided there are no additional insults to the liver. There is no medical need to see a hepatologist at this point given you have relatively stable lab numbers.



J2D 19L

Rydberg, Douglas #217075  
OCC

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

**GRIEVANCE FORM**

**Step Two**

**Central Office Appeal**

**RESPONSE AND REASONS FOR DECISION REACHED**

Incarcerated Individual Name: Rydberg, Douglas  
Incarcerated Individual Number: #217075  
Date Received: 11-12-2024  
Grievance Number: 2024-8482  
Subject: medication

I understand your grievance to be that you want to be prescribed a particular medication to treat your anxiety.

It is within the purview of your treating psychiatric provider to determine the medications required to treat your condition. With acceptable rationale, nonformulary medications are available. You are encouraged to continue working with medical and mental health team members.

12.11.24  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
DIRECTOR'S DESIGNEE

nf

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step Two

CENTRAL OFFICE APPEAL *704 8482*

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rydberg Douglas A 217075 OCC J2-O-19-L  
LAST NAME, FIRST MIDDLE INITIAL NO./GROUP INSTITUTION

Your response and policies are unacceptable, I've had numerous visits with provider, there is no suitable medication provided by the NSOC, you use a limited medication list. The main reason for the grievance is the medication you refuse to treat me with is prescribed to other inmates in limited capacities. There is not a reason to leave me to suffer and struggle with daily when there are remedies I've used before. All of my expectations are still sought, I also believe the staff that answers grievance should do a bit more investigation before using a side step response. I should be allowed to stay on the medication my Mental Health professional's prescribed prior to my arrest. Your policy has caused me considerable harm, and took the peace and balance even joy a regulated combination of medicine can provide. Now I need new test's "MRI-cat scan or other diagnosis to find out reason's I'm sick, as well as all other expectations, including medication's."

11-4-24

DATE

Douglas Rydberg

SIGNATURE

\*THE COMPLETED INSTITUTIONAL GRIEVANCE FORM, INCLUDING THE CHIEF EXECUTIVE OFFICER'S/SUPERINTENDENT'S RESPONSE, MUST ACCOMPANY THIS APPEAL.

## Part B - RESPONSE AND REASONS FOR DECISION REACHED

12.11.24

DATE

[Signature]

DIRECTOR

ORIGINAL: TO BE RETURNED TO INMATE AFTER COMPLETION.



## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step One

## CHIEF EXECUTIVE OFFICER

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rudberg, Douglas A 217075 217075  
LAST NAME, FIRST, MIDDLE INITIAL NO. FACILITY/HOUSING UNIT

## Part A - INMATE REQUEST/CONCERN:

This response is unacceptable, I have been in prison for 10 years and I have not been treated properly. I am forced to go untreated, I am a victim of the NDCS Medical Director. I read the recent article in the Omaha World Herald news paper. A official investigation needs done. As well I've had numerous visits with medical, everyone seems to push responsibility off. That is not fair for the grievance I want someone held accountable, policy followed, I want to see a specialist, the only way to get your attention is with compensation for my frustration and effort. You should be authorized to find for a broken system, treatment should be authorized. I am not responsible for this.

DATE

SIGNATURE OF REQUESTOR

## Part B - RESPONSE AND REASONS FOR DECISION REACHED

The medication you are requesting is not available on the NDCS formulary and cannot be prescribed to you. If you wish to have a follow-up appointment with the psychiatric provider, please send an IIR to medical detailing your request.

DATE

CHIEF EXECUTIVE OFFICER

SECOND COPY: TO BE RETURNED TO INMATE AFTER COMPLETION (COPY FOR APPEAL PURPOSES).

## Part C - RECEIPT

Return to: Rudberg, Douglas A 217075 217075  
LAST NAME, FIRST, MIDDLE INITIAL NO. FACILITY/HOUSING UNIT

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:

Medication request for specialist  
#2021-8482

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

(SEE REVERSE SIDE FOR INSTRUCTIONS FOR APPEAL TO DIRECTOR OR DIRECT SUBMISSION TO DIRECTOR)

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INFORMAL GRIEVANCE RESOLUTION FORM  
UNIT STAFF

#2024-8482

FROM: Ryberg Douglas A  
Last Name, First, Middle Initial

217075  
Number

OCC J2-D-19-L  
Facility/Housing Unit

I seen Mental Health on PART A: Inmate Request/Concern. a monitor for a "telepsych" visit on Oct 2nd 2024, I have sever anxiety among other issues <sup>in my life</sup> ~~in my life~~. This has been diagnosed and treated by specialists. Your provider is only allowed by NDCS to prescribe certain med's >This leaves me untreated< I am requesting a specialist to prescribe medications I've had long term success with. To force medication that doesn't agree with me, is as bad as not prescribing medicine that does work, whatever your reason. This is Medical Malpractice you need held accountable. I want a Cat scan - MRI or equal diagnoses of my brain, I've had sever head trauma, and cancer runs in my family. I want the medication prescribed by my doctor's at Methodist Mental Health Fremont, I believe the policy needs correction, so this doesn't continue to happen, I request compensation for suffering and future representation, this is only thing that will get your attention. 10-4-24

Date 10-4-24 Signature Douglas Ryberg 217075

PART B: Response and Reason(s) for Decision Reached.

Per policy, non-formulary medications must be approved by the NDCS medical director. Please discuss your request for alternative medications at your next Telepsych appointment. Regarding your request for a CAT scan and MRI, please send an IIR to Medical as those are medical issues separate from Telepsych.

10-21-24

Date

MM Nicholas  
Signature

J2D 19L

Rydberg, Douglas #217075  
OCC

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

GRIEVANCE FORM

Step Two

Central Office Appeal

RESPONSE AND REASONS FOR DECISION REACHED

Incarcerated Individual Name: Rydberg, Douglas  
Incarcerated Individual Number: #217075  
Date Received: 11-19-2024  
Grievance Number: 2024-8965  
Subject: medication

To address all of your concerns, I understand your grievance to be that you want to be prescribed a particular medication, request to see a pain specialist and/or neurologist, and receive proper testing to treat your restless leg syndrome.

The community standard of care for diagnosing and treating restless leg syndrome is in line with the therapy you are receiving from the facility treatment team. It takes time to determine which treatment works best for you. If the treatment team decides additional support is necessary, based on your reported symptoms, nonformulary medications and outside consults may be requested. You are encouraged to continue working with medical and mental health team members by reporting your symptoms and allowing them the opportunity to treat your medical concerns.

12/18/24  
DATE

  
DIRECTOR'S DESIGNEE

nf

**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INFORMAL GRIEVANCE RESOLUTION FORM  
UNIT STAFF**

**FROM:** Rydberg Douglas A  
Last Name, First, Middle Initial

217075  
Number

OCC J2-D-19-6  
Facility/Housing Unit

On 10-18-24, I wrote a **PART A: Inmate Request/Concern**. IIR to medical, I attached a copy. 2 months ago I sent a IIR to see a pain specialist "AS I WAS INSTRUCTED" a outside doctor to treat me. I suffer from "RLS" among other issues. The IIR was sent back to me and says "Schedule" I specifically asked on this IIR "were Im at on the list", I provided a simple solution I thought worth trying. The only thing written on my IIR is "Not Indicated". This is how medical is being handle its one struggle after another, Im not the only one the system is broken and is leaving a trail of mistakes, neglect, and misdiagnosis, my health problems are serious Im frustrated and tired of being untreated. or worse mistreated. I want a official investigation, I want a way to elevate my legs - 3 blankets, or pillows. I want to see a neurologist and pain specialist, I want proper testing "MRI, cat scan, or other as well policy changed and a easy way to address issues in the system

Date 10-26-24 Signature Douglas Rydberg

**PART B: Response and Reason(s) for Decision Reached.**

OCC Medical states the response you received from the doctor indicates that there is not a need for you to be seen by an outside specialist at this time. Medical staff began trialing new medications to treat your RLS on 9-11-24 and met with you again on 10-2-24. If you are continuing to have issues, medical staff encourage you to submit an IIR and continue to communicate with them.

11-1-24  
Date

J. Wilson  
Signature



## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step One

## CHIEF EXECUTIVE OFFICER

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rudberg, Douglas A 217075 OCC J2-D-19-L  
LAST NAME FIRST MIDDLE INITIAL NO. FACILITY/HOUSING UNIT

## Part A - INMATE REQUEST/CONCERN:

All this response done was side step responsibility, once again you put no effort or value in my complaint. This is a common tactic.  
1) they say on 9-11-24 you began treatment, you gave me "Propranolol 20mg" its not even a RLS medication. It had no effect period, but on me I know this.  
2) On 10-2-24 Doctor said let me see health treatment. Mental health is the one who picked it to medical. This is exactly how your system works, I'm left to suffer and extremely frustrated. I continue to ask your help and to no surprise you do nothing.  
3) I asked in the IIR and the grievance as well to elevate my legs for sleep neither of you would even respond. "Enough is enough".  
4) You taking advantage of me cause I don't communicate well as a person, so I have a very clear paper trail of your neglect. There are numerous health care issues at OCC, they'll all come to light eventually, my expectations have changed since the informal grievance.

DATE 11-2-24SIGNATURE OF REQUESTOR Rudberg Douglas A

## Part B - RESPONSE AND REASONS FOR DECISION REACHED

You were given a 30 day trial of Propranolol to determine if it would treat your restless leg syndrome (RLS). If you feel it did not successfully treat your RLS, send an IIR to medical to see the provider to discuss alternative treatment. To elevate your legs, you will need to use items you have in you room as medical will not issue a pass for extra pillows or blankets.

DATE 11/6/2024CHIEF EXECUTIVE OFFICER [Signature]

SECOND COPY: TO BE RETURNED TO INMATE AFTER COMPLETION (COPY FOR APPEAL PURPOSES)

## Part C - RECEIPT

Return to: Rudberg Douglas A 217075 OCC J2-D-19-L  
LAST NAME FIRST MIDDLE INITIAL NO. FACILITY/HOUSING UNIT

I acknowledge receipt this date of a complaint from the above inmate in regard to the following subject:

Medical request for treatment for RLS  
#2024-8965

DATE 11-4-24RECIPIENT'S SIGNATURE (STAFF MEMBER) UM Nichols

(SEE REVERSE SIDE FOR INSTRUCTIONS FOR APPEAL TO DIRECTOR OR DIRECT SUBMISSION TO DIRECTOR)

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step Two

## CENTRAL OFFICE APPEAL 7024-8965

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rydberg Douglas A 217075 OCC - J2-D-19-L  
LAST NAME FIRST MIDDLE INITIAL NO./GROUP INSTITUTION

Im not satisfied with \*Part A - REASON FOR APPEAL: your response, your doing the same thing medical does, pretending there is no problem this is ridiculous and Im left to suffer. I did the follow up, the doctor told me theres nothing else available talk to Mental Health, and ask them about anxiety med's as well. there is nothing available on your limited list of medication. I still need treatment, thats why Im asking to see a pain specialist about real treatment, as well all other expectations listed in the informal grievance, even simple solutions like leg elevation are denied, your practices are unheard of, this is clearly another example of how broken this system is. Ive been perfectly clear over and over there is a problem, I need medical care, Im extremely frustrated, no one should be subjected to regular neglect and mistreatment.  
" In-justice anywhere, is a threat to justice everywhere"

11-15-24 Douglas Rydberg  
DATE SIGNATURE

\*THE COMPLETED INSTITUTIONAL GRIEVANCE FORM, INCLUDING THE CHIEF EXECUTIVE OFFICER'S/SUPERINTENDENT'S RESPONSE, MUST ACCOMPANY THIS APPEAL.

## Part B - RESPONSE AND REASONS FOR DECISION REACHED

12/10/24  
DATE

[Signature]  
DIRECTOR

ORIGINAL: TO BE RETURNED TO INMATE AFTER COMPLETION.

Rydberg, Douglas #217075  
OCC

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

**GRIEVANCE FORM**

**Step Two**

**Central Office Appeal**

**RESPONSE AND REASONS FOR DECISION REACHED**

Incarcerated Individual Name: Rydberg, Douglas  
Incarcerated Individual Number: #217075  
Date Received: 10-21-2024  
Grievance Number: 2024-8197  
Subject: medical

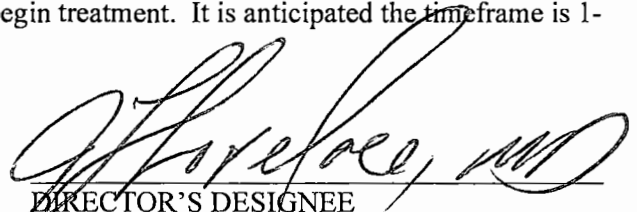
I understand your grievance to be that you want to begin treatment for Hep C.

Following the completion of some lab work you will begin treatment. It is anticipated the timeframe is 1-3 weeks.

DATE

11.20.24

DIRECTOR'S DESIGNEE



nf



## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step Two

## CENTRAL OFFICE APPEAL 70248197

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rydberg Douglas A 217075 OCC J2-D-19-L  
LAST NAME, FIRST, MIDDLE INITIAL NO./GROUP INSTITUTION

## \*Part A - REASON FOR APPEAL:

I have been in contact with medical - "to include personal appointments, and written IIR" do your own investigation to uncover there neglect. Do you think I would bring this to top authoritys attention, if I was on a list. The day before I specifically verified my place with IIR, look it up. repeated negligence is harming my current as well as future health, treat me or release me. You must be held accountable

10-17-24  
DATE

Doug Rydberg  
SIGNATURE

\*THE COMPLETED INSTITUTIONAL GRIEVANCE FORM, INCLUDING THE CHIEF EXECUTIVE OFFICER'S/SUPERINTENDENT'S RESPONSE, MUST ACCOMPANY THIS APPEAL.

## Part B - RESPONSE AND REASONS FOR DECISION REACHED

11/18/24  
DATE

J. Hoveace, ID  
DIRECTOR

ORIGINAL: TO BE RETURNED TO INMATE AFTER COMPLETION.



NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES #2024-8197  
**GRIEVANCE FORM**  
**Step One**  
**CHIEF EXECUTIVE OFFICER**

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rydberg Douglas A 217025 CCC J2-D-19-L  
LAST NAME FIRST MIDDLE INITIAL NO. FACILITY/HOUSING UNIT

**Part A - INMATE REQUEST/CONCERN:**

Im not satisfied with responce, this leaves me in jeopardy of health issues, I need a specialist and treatment. Can I have a copy of the informal grievance please.

10-6-24

DATE

Doug Rydberg

SIGNATURE OF REQUESTOR

**Part B - RESPONSE AND REASONS FOR DECISION REACHED**

The medical director maintains the list for individuals waiting to receive Hepatitis C treatment. You are on the list and will be notified when you are approved to receive treatment. You were given your copy of the Informal Grievance. No other copy will be given to you.

10/16/2024

DATE

Arthur

CHIEF EXECUTIVE OFFICER

**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INFORMAL GRIEVANCE RESOLUTION FORM  
UNIT STAFF**

#2024-8197

FROM: Rydberg Douglas A  
Last Name, First, Middle Initial

217075  
Number

02-D-19-L  
Facility/Housing Unit

I am regularly overlooked. I have made several attempts, I have enough symptoms, I expect this dealt with swiftly, I know a few individuals in my unit alone that have begun treatment. The doctor told me "once symptoms are severe it's too late for treatment", this is unacceptable, you've known about mine since the late 90's, now medication is readily available, I accuse you of negligence and medical malpractice. I want immediate tests and treatment. I want a specialist involved. I am FORCED to hold you liable, this is not a single inadequate care issue, I am now forced to insist on investigation these practices are frustrating and detrimental to our health, I seek financial compensation for several areas, "medical malpractice", "pain, suffering and other health related damages" and "legal expenses for attorney and litigation fees" your reputation for avoiding responsibility is a reality, any retaliation by NDC's medical or correction staff is unjust, we all know how you operate, I will continue to keep a written record, no choice but to report and hold you accountable

DATE 9-21-24 Signature Doug Rydberg

**PART B: Response and Reason(s) for Decision Reached.**

Only a certain number of individuals can be approved at one time to receive treatment for Hepatitis C. You will continue to be on the waiting list to receive treatment. Continue to work with medical staff to address your medical concerns.

10-4-24

Date

U. Nicholas

Signature

J2D 19L  
Rydberg, Douglas # 217075  
OCC

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step Two

## Central Office Appeal

## RESPONSE AND REASONS FOR DECISION REACHED

Incarcerated Individual Name: Rydberg<sup>AW</sup>, Douglas  
Incarcerated Individual Number: # 217075  
Date Received: 1/21/2025  
Grievance Number: 2025-76  
Subject: Mental health

Your previously scheduled visit on January 10, 2025 was rescheduled for January 14, 2025. Dr. Lovelace saw you in-person on January 14, 2025. You were prescribed new medication to start on January 15, 2025. You have been scheduled to be seen by medical and mental health three times since January 14, 2025. Please address your concerns when you are seen.

02/10/25  
DATE

  
DIRECTOR'S DESIGNEE

jw na

~~3-14-25~~  
as of right now  
I've still never  
scene, mental health  
psychiatrist

**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INFORMAL GRIEVANCE RESOLUTION FORM  
UNIT STAFF**

**FROM:** Ruddery Douglas A  
Last Name, First Middle Initial

217073  
Number

006 020 19 6  
Facility/Housing Unit

**PART A: Inmate Request/Concern.** Im having an ongoing problem's with Mental Health department policy and providers, leaving me unmedicated, as Ive had to suffer while the grievance process was decided. The Director ruled in my favor, allowing medication Ive taken with success for years. On 12-24-24 I sent a "IIR" to Mental Health/Providers. Today is Jan 4th 2025 I just recieved a IIR response it says scheduled 12-27-24, I never recieved a pass on that day I feel offended this now feels targeted, no doubt it will be explained away and minimized, as Im left to suffer the last thing I want is negative consequences from my mental disorder, something a couple common medications can cure. I want investigation on this incident, mental health situations are common in places like this, proper medication and caring professionals are required, a immediate appointment with medication provider expected.

Date 1-4-25 Signature Douglas Ruddery

**PART B: Response and Reason(s) for Decision Reached.**

Medical staff stated that you were put on pass for an appointment with Telehealth today to address this issue, and further action or appointments are to be determined after it. Continue to work with medical and mental health staff on this issue and please await patiently for any potential appointments.

1-10-25  
Date

B. Miller  
Signature

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step One

## CHIEF EXECUTIVE OFFICER

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rydberg Douglas A 217075 OCC J2 D196  
LAST NAME, FIRST, MIDDLE INITIAL NO. FACILITY/HOUSING UNIT

The appointment on ~~1-10-25~~ **Part A - INMATE REQUEST/CONCERN:** 1-10-25 you mention was set for 1:15pm I had to rearrange my daily activities to make it on time, I was then told to come back at 2:15pm I arrive early. I wait patiently, at 2:40pm I'm told Dr Lovelace will see me shortly at 2:55pm I told it will be rescheduled for sometime in the future, This is no doubt a deliberate action, if I speak out or ~~write~~ it will be held against me and cause negative consequences, I'm now being taunted and mistreated by numerous staff, retaliation will be reported, I now want compensation and a official outside investigation, first I want a minimum of 6 months added to my work release status, all previous expectations as well.

1-11-25

DATE

Douglas Rydberg

SIGNATURE OF REQUESTOR

## Part B - RESPONSE AND REASONS FOR DECISION REACHED

Dr. Lovelace saw you in-person on 1-14-2025 and prescribed new medication for you to start on 1-15-2025. There is no evidence of staff targeting you or retaliating against you. Please direct any further questions or concerns to medical and mental health staff.

1/17/2025

DATE

4/4

CHIEF EXECUTIVE OFFICER

ORIGINAL: TO BE RETURNED TO INMATE AFTER COMPLETION.

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step Two

CENTRAL OFFICE APPEAL *7075 74*

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Ryder Douglas A 217075 22 D-19-L ORC  
LAST NAME, FIRST, MIDDLE INITIAL NO./GROUP INSTITUTION

As of today 1-19-25 I am **\*Part A - REASON FOR APPEAL:** still left untreated  
I've put the incidents in writing on tablet grievances still in  
First stage, will you stop discrediting all my complaints, and  
do the honorable thing, give me a fair chance, communicate  
with me, you've failed you do nothing but push responsibility  
you don't honor your word "~~\*~~ other 2nd step decisions ~~\*~~" all docu-  
mented, and your not even concerned about the problems I'm  
suffering from. You should be ashamed, this is ridiculous.  
Treat me or release me, I want all other expectations,  
while I'm still capable, I want to go to long term work  
release, immediately. Retaliation will be reported.  
DATE 1-19-25 Douglas Ryder  
SIGNATURE

\*THE COMPLETED INSTITUTIONAL GRIEVANCE FORM, INCLUDING THE CHIEF EXECUTIVE OFFICER'S/SUPERINTENDENT'S  
RESPONSE, MUST ACCOMPANY THIS APPEAL.

## Part B - RESPONSE AND REASONS FOR DECISION REACHED

DATE

DIRECTOR

ORIGINAL: TO BE RETURNED TO INMATE AFTER COMPLETION.



J2D 19L

Rydberg, Douglas #217075  
OCC

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

**GRIEVANCE FORM**

**Step Two**

**Central Office Appeal**

**RESPONSE AND REASONS FOR DECISION REACHED**

Incarcerated Individual Name: Rydberg, Douglas  
Incarcerated Individual Number: #217075  
Date Received: 11-7-2024  
Grievance Number: 2024-8483  
Subject: medical

I understand your grievance to be that you do not want staff present during your telepsych appointments.

No changes in policy are being considered at this time regarding this concern. RN Smith answers the questions asked of her by the provider to better assist with the coordination of care between the provider, medical, mental health and you. If you have particular questions to address privately, ask RN Smith for a private segment.

12.11.24  
DATE

  
DIRECTOR'S DESIGNEE

nf

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step Two

## CENTRAL OFFICE APPEAL

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rydberg Douglas A 217075 OCC J2-D-19-L  
LAST NAME FIRST MIDDLE INITIAL NO./GROUP INSTITUTION

## \*Part A – REASON FOR APPEAL:

your seamless coordination of care comes with attitude, interference and Smith voicing annoyance over the providers recommendation, "Nick Gunderson" as well another time with "Barb". If I don't feel comfortable there's obviously something wrong. My expectations are the same. I want you to know this has a negative effect on my well being. I had to sign the waiver, why are you so persistent not to let me retract it and see and talk to a provider confidentially.

11-4-24  
DATE

Douglas Rydberg  
SIGNATURE

\*THE COMPLETED INSTITUTIONAL GRIEVANCE FORM, INCLUDING THE CHIEF EXECUTIVE OFFICER'S/SUPERINTENDENT'S RESPONSE, MUST ACCOMPANY THIS APPEAL.

## Part B – RESPONSE AND REASONS FOR DECISION REACHED

12-11-24  
DATE

[Signature]  
DIRECTOR

ORIGINAL: TO BE RETURNED TO INMATE AFTER COMPLETION.

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step One

## CHIEF EXECUTIVE OFFICER

#20248483

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rydberg Douglas A 217075 J2 D-19-L  
LAST NAME, FIRST, MIDDLE INITIAL NO. FACILITY/HOUSING UNIT

This is not acceptable **Part A – INMATE REQUEST/CONCERN:** I was under duress when I signed waiver. I want my confidentiality, it was later I scene the problem's. Im not receiving proper care, you just said psychiatric provider is the only person to decide medications, On several occasions Mandy has interrupted visit and voiced her opinion on treatment, "UNACCEPTABLE" that is reason for complaint. Review visits with Nick Gunderson and new woman, even Crystal Turpin had to plead with Mandy for a prescription, Mandy is not qualified. Change policy or replace Mandy,

I want my signature retracted, Im not comfortable sharing my appointment time with your staff, I am absolutely no threat to safety and security

DATE 10-24-2024

Doug Rydberg  
SIGNATURE OF REQUESTOR

## Part B – RESPONSE AND REASONS FOR DECISION REACHED

Nurse Smith is present during appointments at the request of the psychiatric provider to provide seamless coordination of care. Nurse Smith will continue to respond to the questions asked of her by the provider as she is qualified to do so. There will be no change to the procedure for supervision of psychiatric appointments.

11/1/2024  
DATE

[Signature]  
CHIEF EXECUTIVE OFFICER

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INFORMAL GRIEVANCE RESOLUTION FORM  
UNIT STAFF

#  
2024-8483

FROM:

Rydberg Douglas A  
Last Name, First, Middle Initial217075  
NumberOCC J2-D-19-L  
Facility/Housing Unit

I scene telepsych on **PART A: Inmate Request/Concern.** 10-2-2024, I have attempted to receive confidential appointments. Mandy the video assistant, is rude and interrupts contact between me and provider. This makes it impossible to openly discuss problems, this leaves unresolved issue and frustration.

I want to retract my signature, for confidentiality I've tried several times, Mandy would not allow. I want this kept confidential, medical staff are already bias. I'm concerned they will treat me worse, or neglect me more. I do not want Mandy to be involved in what I'm prescribed or denied no part of my Mental Health or Medical diagnosis.

Date 10-4-2024

Signature

Douglas Rydberg

**PART B: Response and Reason(s) for Decision Reached.**

A staff member must be present in the room during Telepsych appointments for safety and security reasons. The psychiatric provider is the only person with the authority to decide what medications are prescribed; nurses are not involved in that process.

10-21-24

Date

U.M. Nichols

Signature

Rydberg, Douglas #217075  
OCC

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

GRIEVANCE FORM

Step Two

Central Office Appeal

RESPONSE AND REASONS FOR DECISION REACHED

Incarcerated Individual Name: Rydberg, Douglas  
Incarcerated Individual Number: #217075  
Date Received: 3-19-2024  
Grievance Number: 2024-1294  
Subject: medication


I understand your grievance to be that the prescription card you received was the wrong medication and unspecified medical complaints.

You were not prescribed the wrong medication; the medication card was incorrectly labeled. Prescriptions are filled at the pharmacy, not in medical. You are encouraged to continue working with medical team members regarding your health concerns. When there is sufficient information to support a finding that teammate acted improperly, corrective action will be taken. As personnel matters are confidential, said results will not be shared with you.

DATE

6.4.24

DIRECTOR'S DESIGNEE



nf





## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## GRIEVANCE FORM

## Step Two

## CENTRAL OFFICE APPEAL 2024-1294

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rydberg Douglas A 217075 OCC J2-D-13-U  
LAST NAME, FIRST, MIDDLE INITIAL NO./GROUP INSTITUTION

**\*Part A – REASON FOR APPEAL:**

I strongly believe this should have been handled differently. That is still your responsibility. I am concerned for my health and well being. I want answers to my health problems. Diagnosis is required and treatment after is requested. I as well am concerned about retaliation, please be fair. I need medical as all of us do. Im or were not the enemy we depend on your care

3-17-24  
DATE

Douglas Rydberg 217075  
SIGNATURE

\*THE COMPLETED INSTITUTIONAL GRIEVANCE FORM, INCLUDING THE CHIEF EXECUTIVE OFFICER'S/SUPERINTENDENT'S RESPONSE, MUST ACCOMPANY THIS APPEAL.

**Part B – RESPONSE AND REASONS FOR DECISION REACHED**

6.4.24  
DATE

[Signature]  
DIRECTOR

ORIGINAL: TO BE RETURNED TO INMATE AFTER COMPLETION.



NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES #20241294**GRIEVANCE FORM****Step One****CHIEF EXECUTIVE OFFICER**

INSTRUCTIONS:  
TYPE OR USE BALL POINT  
PEN. IF MORE SPACE IS  
NEEDED, USE ATTACHMENT  
SHEET IN TRIPLICATE.

From: Rydberg Douglas A 217075 QCC J2-D-13-U  
LAST NAME, FIRST, MIDDLE INITIAL NO. FACILITY/HOUSING UNIT

Please refer to IGRF **Part A – INMATE REQUEST/CONCERN:** #2024-1294, I'm not satisfied with way this was handled, I immediately pointed out medical's mistake, this left me with out needed medicine you prescribed, I sent IIR to medical on Feb 11<sup>th</sup>, I am not trying to be difficult, I gave medical the opportunity to correct there mistake, there unwillingness is the issue, prescribing wrong medicine could of caused me physical consequences or worse, I was forced to file grevance. U.M. Nicholas spoke with me shortly after the grievance was sent, I showed her the card and there mistake, she gave me back the med card, I never talked with no one again, On 2-28-24 U.M. Nicholas asked if they resolved the issue, I told her my next refill was picked up 2-27-24, no one ever tried I still had the mistake medicine. U.M. Nicholas asked me for the card, I asked her for a photo copy of med's, non was given, I need a MRI and other medical and dental treatment, Please no retaliation by staff or medical.

DATE 3-2-24SIGNATURE OF REQUESTOR Douglas Rydberg**Part B – RESPONSE AND REASONS FOR DECISION REACHED**

The nurse who responded to your initial IIR was unaware of you receiving the wrong medication. The ibuprofen was then refilled at the scheduled time. We apologize for the error and delay in receiving your medication. You will not receive a copy of the medication card. Continue to work with medical to address your medical needs.

DATE 3/14/2024CHIEF EXECUTIVE OFFICER [Signature]

**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES**  
**INFORMAL GRIEVANCE RESOLUTION FORM**  
**UNIT STAFF**

#2024-1294

FROM: Ryberry Douglas A  
 Last Name, First, Middle Initial

217023  
 Number

22-D-13-U  
 Facility/Housing Unit

On 2-6-24 I submitted request for refill of ibuprofen 800mg. I received response on Feb 8th 2024 with pick up instructions med. were given to me at evening med time Feb 10th. the refill clearly says ibuprofen 800mg on label, the medication provided is bright orange with "PS D 22" on a round pill. I verify if pill is ibuprofen. "IT IS NOT" I resubmit IIR on Feb 11th 2024 I state your mistake and ask for refill. you gave me wrong medicine. you deny my attempt at allowing you to fix your mistake this leaves me without medication I'm prescribed as usual it will take weeks to respond. I once again will be the bad guy for voicing a complaint the card you gave me is a laxative I feel your implying I'm "Full of ----" for past complaints, intentional or not this is a serious matter this only affects me. I feel this will cause me to be treated unfairly. I want this to stop, I want all current medication issues treated. no more retaliation this must not happen to anyone else. I need mistake corrected and my prescription please

Date 2-12-24 Signature Douglas Ryberry

**PART B: Response and Reason(s) for Decision Reached.**

Your concern has been investigated. There was an error that caused you to receive the wrong medication. You have since received the correct Ibuprofen prescription.

2-28-24

Date

U.M. Nicholas

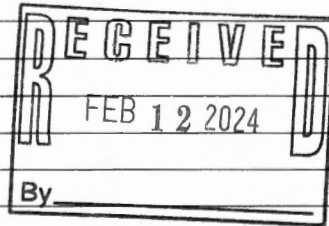
Signature

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

## INMATE INTERVIEW REQUEST

TO: Medical DATE: 2-12-24  
 FROM: Douglas Rydberg 217075 OCC 12 D-13 U  
NAME / NUMBER FACILITY LOCATION  
 WORK LOCATION: Maintenance UNIT STAFF: Lutka

MESSAGE: I need a refill for  
ibuprofen 800mg  
you gave me wrong medicine in last refill



ORIGINAL - DCS Employee  
 YELLOW - Inmate  
 Both copies need to be submitted for response.

REPLY: Not available until 2-23-24

2-12-24

Date

ns

Signature

## NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

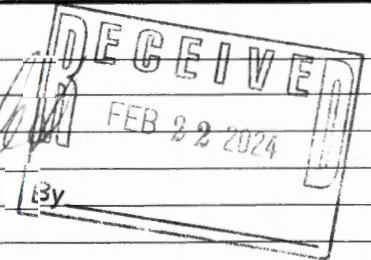
## INMATE INTERVIEW REQUEST

TO: Medical DATE: 2-22-24  
 FROM: Douglas Rydberg 217075 OCC 12 D-13 U  
NAME / NUMBER FACILITY LOCATION  
 WORK LOCATION: Maintenance UNIT STAFF: Lutka

MESSAGE: I am having severe migraine headaches  
without ibuprofen because of a mistake  
the painkiller I purchased is not helping.  
Im sensitive to light, the dizziness and  
nausea symptoms are making it a challenge  
even dangerous getting in and out of a  
top bunk. Im needing ibuprofen refill ASAP  
and I need a bottom bunk pass immedi-  
ately, before I get injured. Douglas Rydberg  
Signature

ORIGINAL - DCS Employee  
 YELLOW - Inmate  
 Both copies need to be submitted for response.

REPLY: Scheduled



2/23/24

Date

JD

Signature

Emergency Medical Requested

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
INFORMAL GRIEVANCE RESOLUTION FORM  
UNIT STAFF

1. Confidentiality
  2. over stepped her role
  3. ongoing harassment
  4. Medical Malpractice
- OCC J2 D130  
Facility/Housing Unit

FROM:

Rudberg Douglas A  
Last Name, First Middle Initial

217075  
Number

OCC J2 D130  
Facility/Housing Unit

## PART A: Inmate Request/Concern.

This started with a telepsych video appointment, my medical condition confidential started by seeing Nick Gunderson, his agreement I need melatonin, interrupted by a smug, disrespectful listener who overhears every appointment, other medications are then offered, not accepted by me. I suffer more, and see a new provider Georgin, it is now agreed once more melatonin is a natural solution, agreed I cant obtain enough on my own, the same overbearing, rude individual, interrupts, denies my providers professional treatment, Georgin even promises to send script thru. "Never came" medical sees me again agrees with me, and promises to get this prescribed. The difficult, unprofessional, attendant of video visits Date 5-31-24 shots down again

Signature

Doug Rudberg

Ridiculous, last straw because of her "Investigation of medical Request"

## PART B: Response and Reason(s) for Decision Reached.

Pursuant to NDCS Rules and Regulation Chapter 2 Paragraph 002.02 the information contained in your grievance does not meet the criteria, which governs the Emergency Grievance Procedure, as you are in no immediate danger of being subjected to a substantial risk of personal injury or serious or irreparable harm. You may resubmit your grievance, on a new informal grievance form, following the regular grievance process within 3 calendar days of receipt of this grievance response, which was delivered to you on 5/31/2024.

5-31-24  
Date

J. M. M.  
Signature



Douglas Rydberg  
#217075  
Omaha Corrections Center  
PO Box 11099  
Omaha, NE 68110-0099

**RECEIVED**

MAR 31 2025

CLERK  
U.S. DISTRICT COURT

Individual's name: Douglas Rysberg  
Individual's #: 217075  
PO BOX 11199 - Omaha NE 68111  
Notice: This correspondence was mailed from  
an institution operated by the Nebraska  
Department of Corrections  
It's contents are uncensored

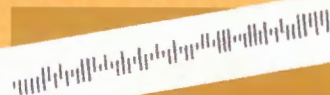
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Omaha Ne 68102-1322



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MAR 31 2025  
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U.S. DISTRICT COURT

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